

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

30778
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16824
Registrar's No. 5057

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **8 days**
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME **Martha Trost**

3. (b) If veteran, No
name war.....
3. (c) Social Security
No. **None**

4. Sex **Female** 5. Color or
/ race **White** 6. (a) Single, widowed, married,
/ divorced **Married**
6. (b) Name of husband or wife **Fred Trost Sr.** 6. (c) Age of husband or wife if
alive **75** years
7. Birth date of deceased **April 10 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 20 hr. min.

9. Birthplace **Unknown** **Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Anton Ladick**
13. Birthplace **Austria**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Hassick**
15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Trost**
(b) Address **3623 Garfield Ave.**
17. (a) **Burial** (b) Date thereof **6- 3- 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**
Cullinane Bros.

18. (a) Signature of funeral director **1710 N. Grand Blvd.**

(b) Address **JUN 2 1944**
19. (a) **J. F. Bruders** (b) **J. F. Bruders**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3623 Garfield Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30th**
year **1944** hour **4** minute **55** P.M.

21. I hereby certify that I attended the deceased from **May 22nd**
19**44**, to **May 30th**, 19**44**

that I last saw her alive on **May 30th**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**
Duration

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury.....

23. Signature **Fred Trost** (M. D. or other) **5/31/44**
Address **1515 Lafayette** Date signed.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred. Frick

Licensed Embalmer No. 3186

P. O. Address: St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.